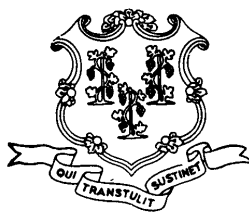


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 REAL ESTATE UNIT
 165 CAPITOL AVENUE
 HARTFORD, CT 06106
 Email: real.estate@ct.gov
 Web Site: www.ct.gov/dcp



For Official Use Only

EXCHANGE COMPANY FILING APPLICATION

- The initial filing must be made not later than 20 days prior to offering an exchange program to any Connecticut purchaser or by June 1st of each year. See P.A. 09-156, Sec. 12.
- This filing must be accompanied by an annual filing fee of \$500.00 made payable to "Treasurer, State of Connecticut."
- Each Exchange Company filing must be updated annually with respect to added or deleted timeshare properties. This is not considered a "material change."
- Any material change in previous filings submitted to the Department requires an amendment filing prior to becoming effective and payment of an amendment filing fee of \$100.00.

As part of this filing, the Exchange Company must attach:

1. Exchange Disclosure Statement
2. Membership Agreement and Application between Purchaser and Exchange Company and
3. Results of Independent Audit required by P.A. 09-156, Sec. 12

Exchange Company Information:			
Name of Exchange Company			
Principal Place of Business (Street Address)	City	State	Zip Code
Name, Address & Telephone Number of person to whom <u>all</u> correspondence should be directed:			
Name of Person		Title	
Company Name or Law Firm			
Street Address	City	State	Zip Code
Telephone Number (with area code)	Email Address		
<i>I hereby swear that I have reviewed and verified the truth, authenticity and accuracy of all papers, documents, disclosure statements, agreements, contracts, audits, submitted to the Department of Consumer Protection as part of our filing and that said materials and documentation are true and accurate copies of originals used by the Exchange Company with regard to Connecticut purchasers and are in no way misleading and subject to misinterpretation by the public.</i>			
Signature for Exchange Company: _____		Date: _____	
Print Name of authorized representative: _____		Title: _____	

➔ **Return the completed filing application, appropriate documentation and fee to:**

 **License Services Division**
Department of Consumer Protection
165 Capitol Avenue
Hartford, CT 06106